

07-13-07

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1FW

Please type a plus sign (+) inside this box →

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

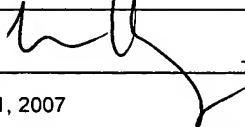
Application Number	10/764,413
Filing Date	01/23/2004
First Named Inventor	Akiko Yanagita
Group Art Unit	2609
Examiner Name	Katrina R. Fujita

Total Number of Pages in This Submission	20	Attorney Docket Number	47539.33
--	----	------------------------	----------

ENCLOSURES (check all that apply)

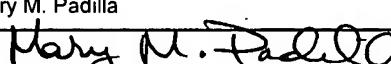
<input type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawings Formal ____ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Office Action (17 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate)	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Request for Status of Application
<input type="checkbox"/> Petition for Extension of Time (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement with Form PTO-1449 and References	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No.: 44,826
Signature	
Date	July 11, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below.

Typed or printed name	Mary M. Padilla
Signature	
Date	July 11, 2007

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.


AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Akiko Yanagita et al.

Docket No.

47539.33

Serial No.

10/764,413

Filing Date

January 23, 2004

Examiner

Katrina R. Fujita

Group Art Unit

2609

Invention:

Medical Image Processing System and Method for Processing Medical Image

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as show below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	43	45	0	X \$50.00	\$00.00
INDEP. CLAIMS	3	3	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00

- No additional fee is required for amendment.
- Please charge Deposit Account No. 07-1850 in the amount of \$
A duplicate copy of this sheet is enclosed.
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850
A duplicate copy of this sheet is enclosed.
- Any additional filing fees required under 37 C.F.R. 1.16.
- Any patent application processing fees under 37 C.F.R. 1.17.

 Dated: July 11, 2007

 Squire, Sanders & Dempsey L.L.P.
 1 Maritime Plaza, Suite 300
 San Francisco, CA 94111
 (415) 954-0200


 Cameron Kerrigan
 Reg. No. 44,826